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Subject Age and Gender as Predictors of Life Stress, Attributional Style, and Personal Adjustment

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Abstract

Two hundred and twenty four male and female subjects (60 adolescents, 82 young adults, and 82 middle-aged persons) completed measures of attributional style, life event history, and social supports, as well as measures of present adjustment, that is, the Hopkins Symptom Checklist, Pearlin Mastery Scale, Rosenberg Self-Esteem Scale, and Beck Depression Inventory. Depression and maladjustment generally were considerably greater among the adolescent subjects. However, when the age group of the subject was taken into account, results with such measures did not clearly support the stereotyped view of the "depressed female", nor the usefulness of the most common interpretations of maladjustment or depression, particularly as these might be applied to women. Some implications of such findings are discussed.

Subject Age and Gender as Predictors of
Life Stress, Attributional Style, and Personal Adjustment

Ever since the work of Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970), the issue of how "mental health" might be conceptualized differently for males and females has drawn considerable attention in the literature. In the Broverman et al. study, professional clinicians used a series of 41 rating scales with which to characterize (a) the normal, healthy, adult male, (b) the normal, healthy, adult female, and (c) the normal, healthy, adult, that is, with gender unspecified. The resulting profiles indicated not only that the healthy male and healthy adult were perceived similarly, but also that the healthy female was seen rather negatively by comparison, and as unlike the healthy adult or healthy male. Also, the healthy female was seen generally as possessing several unflattering characteristics, such as being more egotistical, more prone to mishandling crises, more likely to cry, and so on. As attention has been increasingly drawn to this study, the allegation of a double standard of mental health and adjustment has been made many times, wherein the same characteristics which seem to be viewed as "normal" and typical of the healthy male are seen rather negatively when found in the female. The Broverman et al. research has of course been widely cited, questioned, and debated. Although some investigators
have not been able to fully replicate its results (e.g., Gomes & Abramowitz, 1976), several recent studies, using various methodological approaches to the issue, have indeed found evidence essentially supporting the position that there exist different abstract standards of adjustment for men and women in the perceptions of professional clinicians. Several such studies are out- lined, for example, in Hyde (1985), Stoppard (1989; in press), and Page (1987).

In particular, the issues of depression and related aspects of personal adjustment, especially as these pertain to women, have drawn recent attention.

Rohrbaugh (1979), in her book Women: Psychology's Puzzle, for example, entitles her chapter 18 "Are Women Sicker Than Men?". Moreover, while men seem to have higher rates of substance abuse or antisocial personality, women continue to be overrepresented in terms of much higher rates of treatment for depression (see Stoppard, in press; 1989). According to Rothblum (1988), available studies indicate that women are in fact more depressed than men, in a ratio of approximately two to one. Such a relationship has been deemed "ideology free", that is, free from various potential sources of interpretive bias, by Pyke (1982). There is also evidence that problems such as anxiety and depression are seen by mental health professionals as more "appropriate" or natural when found in women, and as more congruent with the prevailing female, rather than male, gender role. (Rosenfield, 1982; Waisberg & Page, 1988).

However, the very fact that women have higher rates of treatment for depression, and for related problems of personal adjustment, raises questions as to the adequacy of currently popular psychological theories--and of the psychometric instruments used to measure variables such theories deem important--in understanding the apparently greater maladjustment shown in this area by women. With few if any exceptions, these theories interpret psychological maladjustment in terms of dispositional and/or cognitive weaknesses or deficiencies. Such views have been criticized (e.g., by Stoppard, in press; 1989) on the grounds that they represent a male-biased view of mental health and, in effect, constitute a form of victim-blaming in the sense described originally by Ryan (1971). It is in this sense also that the practice of assertiveness training, for example, may be seen as an activity which serves to deflect attention away from the operation of various real inequities toward women and from the generally inferior social and economic position of females in North American society.

The present study, using several currently popular variables and measures as putative criteria, investigated whether women were in fact more depressed than comparable samples of men, as per the common current stereotype, and/or could be seen as suffering from higher levels of related forms of maladjustment as compared to those of men. A second purpose of the study, from another context, was to gather data relevant to the issue described above. That is, on the assumption that women are in fact more depressed and more personally maladjusted than men, it was investigated as to whether women would respond to the above measures in a manner consistent with this assumption. If they were not to respond in this fashion, then such would seem to constitute support for Stoppard's (1989) position that the currently popular theories and measures, (based as they are on the assumption of psychological vulnerability, that is, on personality, cognitive, or dispositional factors), are irrelevant and insensitive to the most salient sources of female depression and maladjustment as these are experienced in society. These latter sources, in this view, are represented by various social and economic factors which serve to victimize women. A third interest in the present study was to investigate the issue of gender differences so as to address Hyde's (1985) critical comment that ninety per cent of available studies on the psychology of women, and thus most of the generalizations developed therein, have been based on research with ten percent of the population; that is, on subjects of college age and background.

Samples of adolescent, young adult, and middle-aged, males and females were thus asked to complete a series of standardized instruments, described below. These instruments (for which complete descriptions, selection criteria, and supporting psychometric information are given in Johnston, 1986), purport to assess susceptibility to depression and maladjustment in line with currently popular views,

as well as the extent of current, ongoing maladjustment. Instruments used were the:

1. Life Experiences Survey (Sarason, Johnson, & Siegel, 1978). This inventory requires the respondent to indicate whether or not each of 57 significant life events has happened to him/her in the preceding six months ("Recent") or in the six months prior to that ("Past"). The respondent also indicates the degree of undesirability, as well as the degree of uncontrollability, of each recent and past event which has occurred. Scores for uncontrollability and undesirability, standardized by the number of events reported, are derived.

2. Attributional Style Questionnaire (Abramson, Seligman, & Teasdale, 1978). This instrument was used to determine the respondent's attributional style for undesirable events. By responding to items describing hypothetical negative events (six in the present study), measures are obtained for attributional style, that is, in terms of the degree of internality, degree of stability, and degree of globality with which the person attributes blame for an undesirable life event.

3. Provisions of Social Relations Scale (Turner, Frankel, & Levin, 1988). This is a 15 item scale assessing the person's perceived degree of social supports in his or her life. The scale is based on Cobb's (1976) three dimensions of support, namely, one's perceptions of being loved, being valued, and being a member of valued social groups, and on Weiss's (1974) dimensions of attachment, social integration, feelings of worth, alliances, and guidance. The scale yields a separate score for perceived support in regard to family and to friends.

4. Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). This is a 58 item self-report inventory which assesses five main groups of symptoms: somatization, obsessive-compulsiveness, interpersonal sensitivity,

depression, and anxiety. As outlined in Johnston (1986), these clusters have been replicated in several factor analytic studies by the authors and others.

5. Beck Depression Inventory (Beck, 1978). This is a 21 item, self-report, unidimensional scale, each item taken to represent a "symptom attitude category", to which the respondent responds along a four-point scale of endorsement. This instrument has been very frequently used as a measure of cognitive predisposition to depression.

6. Rosenberg Self-Esteem Scale (Rosenberg, 1965). This measure was included since self-esteem has been considered a correlate of an "internal" attributional style for undesirable events (Peterson & Seligman, 1981). The scale contained ten items measuring general self-acceptance, with each item endorsed using a four-point continuum.

7. Pearlin Mastery Scale (Pearlin & Schooler, 1978). This scale was included due to its relevance to the concepts of learned helplessness and attributional style. This seven-item scale measures the extent to which a respondent generally believes himself or herself to be in control of life events. Each item requires a response along a four-point continuum.

With the exception of the Provisions of Social Relations Scale, which assesses perceived external social supports rather than internal dispositional characteristics, the scores of women, according to the currently popular theories of maladjustment underlying these instruments, should be elevated relative to those of men.

Method

Subjects and Procedure

A total of 224 respondents completed the above instruments, under supervision of the first author.

In sample 1, 30 male and 30 female high school students (mean ages = 13.93 yrs. and 14.70 yrs. respectively) completed the instruments, in four separate group administrations. Students were obtained from a high school located in a large Ontario city (see Johnston, 1986).

In sample 2, the instruments were completed by 40 females (mean age = 21.46 yrs.) and 42 males (mean age = 21.47 yrs.). These participants were all psychology students recruited from the undergraduate subject pool at the University of Windsor, and were tested in group sessions.

In sample 3, the instruments were completed by 41 "middle-aged" females (mean age = 45.75 yrs.) and 41 males (mean age = 47.15 yrs.). These participants were located, in part, through undergraduate classes at the University of Windsor, and also through contacts in office, sales, hospital, educational, and church locations. Except for the university students, subjects completed the instruments individually, as described in Johnston (1986). Order of administration of the instruments was random in all groups. Also, a multivariate analysis (MANOVA) showed that the variable of group versus individual administration of the instruments had no significant effect on the obtained scores.

Results

The mean scores and standard deviations of male and female subjects, on all measures, are presented in Tables 1, 2, and 3.

Insert Tables 1, 2, 3, about here

Using the SAS (1985) GLM (General Linear Models) procedure, a 2 (gender) x 3 (group) multivariate analysis of variance, based on nonmissing values, was performed, with the four life events scales, three attributional style scales, five

Hopkins scales, Beck inventory, Rosenberg scale, Pearlin scale, and the two Provisions of Social Relations subscales, as dependent measures.

The multivariate effect for gender was significant, $F(17,130) = 2.45$, $p < .002$, using the Hotelling-Lawley Trace Test criterion. Univariate analyses of variance (ANOVAs), subsequent to the MANOVA, indicated that, perhaps surprisingly, male subjects showed attributional styles which were, relative to those of females, higher in globality, $F(1,146) = 8.12$, $p < .005$, stability, $F(1,146) = 4.31$, $p < .03$, and internality, $F(1,146) = 4.44$, $p < .03$. Females generally indicated experiencing more recent life events, $F(1,146) = 3.49$, $p < .06$, and perceived them as more uncontrollable, $F(1,146) = 5.04$, $p < .02$; females also showed greater maladjustment on the Hopkins scales for somatization, $F(1,146) = 6.22$, $p < .01$, interpersonal sensitivity, $F(1,146) = 4.67$, $p < .03$, and depression, $F(1,146) = 6.21$, $p < .01$. Females scored somewhat higher on the Beck Depression Inventory, $F(1,146) = 2.99$, $p < .08$, and on the Provision of Social Relations scale, $F(1,146) = 3.70$, $p < .05$.

The multivariate effect for groups was significant, using the Hotelling- Lawley Trace criterion, $F(34,258) = 3.19$, $p < .0001$. Univariate ANOVAs showed that the sample groups differed on number of recent life events experienced, $F(1,146) = 9.42$, $p < .0001$, rated undesirability of events, $F(1,146) = 3.31$, $p < .03$, Hopkins obsessiveness scale, $F(1,146) = 5.28$, $p < .006$, Hopkins interpersonal sensitivity scale, $F(1,146) = 10.68$, $p < .0001$, Hopkins anxiety scale, $F(1,146) = 6.74$, $p < .001$, Beck inventory, $F(1,146) = 7.83$, $p < .0006$, Rosenberg scale, $F(1,146) = 9.94$, $p < .0001$, Pearlin scale, $F(1,146) = 3.94$, $p < .02$, and Provisions of Social Relations scale, $F(1,146) = 3.75$, $p < .02$. As seen in the pattern of mean differences shown in Tables 1, 2, and 3, the middle-aged sample, in relative terms, generally showed the least, and the adolescent (high school) sample the most, maladjustment. Moreoever, this pattern, as well as that involving the measures for which there were significant

univariate interaction effects, appeared to be due almost exclusively to the depression and other maladjustment scores of females in the adolescent group.

The multivariate gender x group interaction effect was nonsignificant, although four univariate ANOVAs did reach significance, namely, number of past life events, $F(1,146) = 3.05$, $p < .05$, perceived undesirability of events, $F(1,146) = 3.05$, $p < .05$, Beck inventory, $F(1,146) = 4.82$, $p < .009$, and Rosenberg scale, $F(1,146) = 3.11$, $p < .04$.

It is noted that, for the overall sample, that is, collapsing over the group and gender variables, the Beck inventory and Hopkins depression scale correlated .64, $p < .0001$. Also, for the sample as a whole, the Beck inventory correlated significantly with all of the other inventories and measures used, that is, at $p < .05$. Similarly, the Hopkins depression scale correlated, at $p < .05$, with 14 of the 17 measures. In all cases, again collapsing over gender and group, the direction of these correlations, for both scales, was consistent with the theoretical expectations regarding depression implied in each measure. It is also noted that the Beck inventory, supposedly a measure of cognitive vulnerability or susceptibility to depression, was in general not a strong or significant predictor of subject gender. The Hopkins depression scale, mainly a measure of ongoing depression in the context of current functioning, was, however, a significant overall predictor of gender, with higher scores shown by females generally. Due largely to scores of females in the adolescent group, the Beck inventory was significantly related to the variable of group membership.

Given the significant multivariate effects noted above, the data were also explored by way of discriminant function analysis. Using the SAS (1985) STEPDISC procedure, the 17 measures were employed as predictor variables, first with subject gender serving as the classification variable. With a criterion of F .15 to add or remove a predictor variable from the discriminant function after adjusting for its

correlation with other predictors, the STEPDISC procedure produced a discriminant function containing seven predictors. Listed in order of most to least discriminating power, these predictors were: globality of attribution, uncontrollability of life events, degree of social support from friends, depression (Hopkins scale), number of past life events, internality of attribution, and extent of somatization (Hopkins scale).

Next, with group membership as the classification variable, the discriminant procedure selected ten predictors, listed from most to least discriminating: interpersonal sensitivity, number of recent life events, depression (Beck inventory), self esteem (Rosenberg scale), number of past life events, depression (Hopkins scale), anxiety (Hopkins scale), somatization (Hopkins scale), stability of attribution, and obsessiveness (Hopkins scale). It should be noted that, both for the gender and group classification tasks, the predictors selected showed significant, though comparatively weak, discriminating power. In the former case, the Wilks lambda statistic, as a measure of the collective discriminating power of the predictors selected, was reduced by the discriminant function from .95 to .84, and the squared multiple correlation between the set of predictor variables and the classification variable (per cent of variance explained by the predictors) was .17. In the latter case, lambda was reduced from .88 to .56, and the squared correlation was .25.

A last series of discriminant analyses was performed within each of the three subject groups. In the adolescent group, in order of discriminating power, the Beck inventory, life event undesirability, and number of past life events, were selected as predictors, for which the squared correlation with the classification variable (subject gender) was .32. In the young adult group, predictors selected were: Internality of attributional style, number of past life events, and Hopkins somatization scale, for which the squared correlation was .22. In the middle-aged group, predictors

selected were: Globality of attributional style, controllability of life events, Hopkins anxiety scale, and Pearlin scale, for which the squared correlation was .34.

Within the adolescent group, six measures correlated significantly with subject gender. These were: globality of attributional style, $r = -.32$, $p < .02$, Hopkins somatization scale, $r = .41$, $p < .002$, Hopkins interpersonal sensitivity scale, $r = .32$, $p < .002$, Hopkins depression scale, $r = .42$, $p < .001$, Beck inventory, $r = .27$, $p < .03$, and Rosenberg scale, $r = -.35$, $p < .006$.

Within the young adult group, only one measure correlated significantly with subject gender, namely, number of past life events, $r = -.27$, $p < .006$.

Within the middle-aged group, only one measure correlated significantly with subject gender, namely, globality of attributional style, $r = -.27$, $p < .003$.

Discussion

In general, both subject gender and age were seen to be related to differences in response to the 17 measures used. Females were generally more depressed and less well adjusted in terms of self esteem and various aspects of their current functioning. This pattern, however, was due to the clearly higher scores on these measures shown specifically by the female adolescent subjects. The Beck Depression Inventory, for example, was significantly related to subject gender, apparently indicating greater vulnerability to depression in females, but again this was true only for the adolescent sample. In general, for female subjects, there were negligible differences in the measures of adjustment and depression when comparing the young adult and middle-aged samples. In fact, female subjects showed generally higher, not lower, levels of adjustment, and lower depression levels, with increased age.

For male subjects, the same general trend occurred, except that males in the young adult sample were somewhat more depressed and maladjusted than were males in the adolescent or middle-aged samples.

Pooling the three subject samples together, the Beck Depression Inventory was not a significant predictor of subject gender. Also, perhaps surprisingly, it was the male, and not the female, subjects who were generally higher in scores on measures of internality, stability, and globality of attributional style, characteristics commonly believed to predispose an individual to depression. The present measures of cognitive vulnerability or psychological susceptibility to depression, as distinguished from measures concentrating more on the extent of depression in one's current functioning, did not portray the young adult or middle-aged woman as distinctively vulnerable or susceptible in this sense. In fact, inspection of the three sets of intragroup Pearson r correlations showed that only one measure, that is, number of past significant life events, correlated significantly with subject gender in the young adult group (significantly more events being reported by males). Only one measure, that is, globality of attributional style, correlated significantly with subject gender in the middle-aged group, again with males--not females--showing a greater tendency toward global, supposedly depression-prone, attributional styles.

In our opinion, the overall results, at least with the present measures as criteria, were not consistent with the assumption that females "should" be generally characterized by attributional, dispositional, or cognitive styles believed to be related to depression, or with the general view that females would respond to the present measures in a manner consistent with their simply being "more depressed" than men. The results also seemed to provide little support for the notion that higher rates of depression in women reflect mainly the reluctance of men to report such problems, or the greater willingness of women to do so. Darcie (1984) also found, similarly, that in fact, men reported significantly higher levels of loneliness,

on two loneliness inventories, than did women. The overall pattern of results bearing on these issues would therefore seem to lend some support to the position of Stoppard (in press; 1989), mentioned previously, that currently popular cognitive measures of susceptibility to depression are in themselves inadequate for a proper or complete understanding of depression in women. In this view, such measures, based as they are on the assumption of internal, personality dysfunctions or weaknesses, are not capable of reflecting the broader social and economic factors most relevant to understanding the higher levels of ongoing depression and stress under which many women function within a male-oriented society.

In our opinion, the present results showed, however, that broad, unqualified, and frequently heard generalizations about "sex differences", particularly as these are applied to women, should be entertained with great caution. Generalizations, for example, concerning poorer overall adjustment, greater depression or lower self esteem, less sense of personal mastery, greater vulnerability to "depressive" attributional styles, and so on, thus appear to be imprecise and vastly oversimplified. As such, they seem to be poor descriptors of the present state of affairs regarding gender and subject differences as these actually exist in the real world. It has been often reported and believed (see, e.g., Hyde, 1985; Rohrbaugh, 1979) that single men, for example, are less well adjusted or more depressed than single women, but that married women are more depressed and maladjusted than married men (e.g., Seiden, 1976). However, to the extent that the present measures may be considered informative as criteria, the present data showed that, among the unmarried subjects, maladjustment was in fact greater among the women, and that, among the married subjects (all but four being in the middle-aged sample), no such gender differences were found.

The present results seem congruent with those of other recent studies in failing to find significant overall gender differences, in nonclinical populations, with

measures such as the Beck Depression Inventory (see Lips & Ng, 1988). The results also seem harmonious with those of still other studies in which a gender difference, found in a single sample of subjects of a certain age or social class, is seen not to hold up when different subject populations are studied (e.g., see Gotlib & Colby, 1987; Lips & Ng, 1986) or--revealingly--when the data are corrected statistically for differences in the social class and/or economic position between the male and female subjects involved. Gotlib (1984), for example, has drawn attention to the problem of generalizing from studies of depression in college student samples to the situation of older (or also, as in the present case, younger) subject samples.

Particularly in contrast to the pattern of results for the middle-aged sample, we note the higher levels of maladjustment, somatization, dissatisfaction, and indeed of depression, within the adolescent sample, especially as shown by the female subjects. Many more adolescent females scored in the "severe" range on the Beck Depression Inventory, for example, relative to the pattern of male responses, or to that of female responses within the other age groups (see Johnston, 1986). While the present study was obviously ill-equipped to identify or examine antecedent variables which might be implicated in such results, we note the themes of the "hurried child," and of various societal pressures upon children to grow up quickly. These have been described eloquently by Elkind (1981, 1985). Such pressures, in addition to several others affecting adolescents, may well be more severe for the female child. Chernin (1981), for example, has described the unique pressures upon the female child to maintain a "proper" appearance, to be as successful as males in an environment dominated by male actions and values, and, ideally, to also be slender and physically attractive. Similarly, Bush and Simmons (1987) note that, in early adolescence, girls experience "gender intensification" whereby the expressive domain, represented by relationship maintenance, becomes more important, while, at the same time, the instrumental or task-oriented component of functioning, such

as athletic or academic achievement or development of physical skills, becomes less salient. For boys, such a shift of emphasis is far less critical, since their basically instrumental role can be extended and maintained. If such notions are correct, it would follow that boys experience relatively fewer stressors in adolescence, since, among other things, they do not experience the contradictory demands of pursuing a career and of maintaining relationships or of remaining "feminine". It may be felt also that girls do generally move into a relatively less valued role in society, and thus experience additional affronts to self esteem and personal identity.

Lastly, we note the higher suicide rate for adolescents in recent years, particularly in regard to females (see Johnston, 1986). We note also, especially in light of the present findings, Gould's (1975) observations that such suicides are often preceded by difficulties such as depression, withdrawal, and somatization.

The incidence of depresssion and personal maladjustment is of course not the same issue as that of their causation or interpretation, whether for men or women. It would appear nevertheless that many of the generalizations and statements made about gender differences in the areas of depression and maladjustment--now that empirical data with samples of varying ages are beginning to appear in the literature in addition to abstract theories and polemical statements--may soon require considerable modification. At the same time, much future research, hopefully with a variety of subject populations, is needed upon which to develop more representative and more valid measures of such differences. The issue of depression in women, specifically, seems to be a case in point.

Author Note

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Table 1
Mean and Standard Deviation Scores for Adolescent Subjects

	Males		Females	
	M	SD	M	SD
Life Ev. Past.	2.07	2.22	2.17	3.25
Life E. Rec.	5.23	3.68	5.93	5.35
Undesirab.	14.84	13.00	16.03	12.65
Uncontroll.	15.40	17.90	16.16	13.49
Attrib. Tot	73.88	15.14	66.26	18.09
Att. Stab.	22.88	6.19	21.56	6.73
Att. Intern.	26.80	72.61	25.26	6.94
Att. Glob.	24.19	6.68	19.43	7.79
Hop. Tot.	85.86	19.78	105.93	30.08
Hop. Som.	16.70	3.45	21.40	6.89
Hop. Obs.	14.11	3.83	16.25	4.92
Hop. Sen.	11.18	3.16	13.57	4.10
Hop. Den.	15.07	4.37	20.26	6.78
Hop. Anx.	8.88	2.81	10.03	3.77
Beck Inv.	7.85	5.82	12.20	9.26
Self Est.	32.20	4.82	28.63	4.87
Mastery	20.93	3.52	20.02	3.53
Soc. R. Tot.	58.86	9.62	62.40	9.09
Soc. R. Fam.	24.27	4.73	24.36	5.27
Soc. R. Fr.	35.10	5.76	38.03	6.97

Table 2

Mean and Standard Deviation Scores for Young Adult Subjects

	Males		Females	
	M	SD	M	SD
Life Ev. Past	3.54	3.26	2.00	2.09
Life Ev. Rec.	7.73	3.39	7.87	4.31
Undesirab.	20.78	11.50	17.23	11.21
Uncontrol.	15.80	9.03	14.97	9.89
Attr. Tot.	70.41	16.34	67.55	13.11
Attr. Stab.	22.88	6.19	24.11	5.09
Attr. Int.	26.80	7.26	23.80	5.25
Attr. Glob.	24.19	6.68	21.14	6.19
Hopkins Tot.	85.86	19.78	95.90	23.13
Hopkins Som.	16.70	3.45	19.31	5.30
Hopkins Obs.	14.11	3.83	14.71	3.87
Hopkins Sen.	11.18	3.16	13.21	3.42
Hopkins Dep.	15.07	4.37	18.36	4.14
Hopkins Anx.	9.28	2.64	9.10	2.27
Beck Inv.	8.35	7.31	8.20	6.41
Self Est.	30.71	6.21	31.30	4.56
Mastery	21.42	3.50	21.41	3.26
Soc. Rel. Tot.	57.97	12.02	59.52	10.27
Soc. Rel. Fam.	23.23	5.95	23.28	5.30
Soc. Rel. Fr.	34.48	7.06	36.27	6.73

Table 3

Mean and Standard Deviation Scores for Middle-Aged Subjects

	Males		Females	
	M	SD	M	SD
Life E. Past	2.46	2.23	3.07	2.89
Life E. Rec.	3.97	3.55	4.20	3.87
Undesirab.	10.41	7.75	12.95	11.67
Uncontrol.	9.35	8.63	12.00	11.93
Attrib. Tot.	63.65	24.82	60.52	18.73
Attrib. Stab.	25.07	7.14	23.09	4.13
Attrib. Int.	26.44	6.63	23.32	6.50
Attrib. Glob.	22.72	8.11	18.45	7.10
Hopkins Tot.	82.21	21.26	87.39	21.12
Hopkins Som.	17.02	4.83	18.25	5.11
Hopkins Obs.	12.80	4.59	13.50	3.92
Hopkins Sen.	10.70	2.67	10.80	2.51
Hopkins Dep.	15.25	5.71	16.67	4.94
Hopkins Anx.	7.50	1.41	8.27	2.42
Beck Inv.	5.73	7.50	5.19	5.20
Self Est.	34.36	4.72	34.50	3.94
Mastery	22.46	3.27	22.37	4.01
Soc. Rel. Tot.	61.45	9.74	64.24	8.54
Soc. Rel. Fam.	24.36	6.07	25.07	4.81
Soc. Rel. Fr.	37.21	4.84	39.35	5.74